

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023485

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 203

VS 300
Rev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED JUL 9 1963

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) Fulton		c. CITY OR TOWN Columbia	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 1		d. STREET ADDRESS (If outside, give location) 101 Park St.	
3. NAME OF DECEASED (Type or print) First Virginia Middle JACO Last		4. DATE OF DEATH Month JULY Day 7 Year 1963	
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 3-6-1909
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		11. BIRTHPLACE (City and state or country) Missouri	
13a. FATHER'S NAME Charles Bentley		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT State Hospital No. 1, Fulton, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchopneumonia</u> DUE TO (b) <u>Chronic Brain Syndrome</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. State Hospital No. 1 1-6-1955 to 7-7-1963 X attended the deceased from _____ to _____ Death occurred at 8:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Edward R. Kelly MD 22b. ADDRESS Fulton, Missouri 22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 7/5/1963	23c. NAME OF CEMETERY OR CREMATORY unus Salisbury Mo.	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR Browning Funeral Home Fulton Mo	25. DATE RECD. BY LOCAL REG. July 7-1963	26. REGISTRAR'S SIGNATURE Maretta Lawrence	

(Licensed Embalmer's Statement on Reverse Side)

33-350-0112

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JAN 2 1964

JUL 18 1963

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STATEMENT BY LICENSED EMBALMER

0-82

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *A. R. Moore*

Licensed Embalmer No. 4996
P. O. Address *Fulton, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.